

In addition, in 2001 several UN agencies created the Inter-Agency Task Team on HIV/AIDS and Children in Conflict Situations. Its recommendations include plans to strengthen staff capacity in countries affected by armed conflict.

## UNICEF's Response

UNICEF's work with and for children is guided by the Convention on the Rights of the Child, the world's most widely embraced human rights treaty. Tackling HIV/AIDS is a key priority for UNICEF.

Through its Medium-Term Strategic Plan for 2002-2005, UNICEF is helping to prevent new infections and care for children infected and affected by the epidemic, including in conflict countries. Specifically, in situations of armed conflict, UNICEF's priorities are to:

- Assess and analyse the extent and causes of children's and young people's vulnerability to HIV/AIDS, particularly that caused by displacement, sexual violence, lack of protection, and economic desperation.
- Advocate for the protection of children and young people from sexual violence and exploitation and for the provision of information, education and services to prevent HIV.
- Support the actions of governments, non-state entities, NGOs, civil society and community organizations to:
  - prevent and respond to sexual violence and exploitation;
  - inform young people about HIV and how to prevent it and ensure access to essential health services, including condoms and treatment for STIs;
  - ensure protection and care for orphans and children separated from their families.
- Monitor the effectiveness of actions.

The challenge for UNICEF and its partners is clear: To place the issue of HIV/AIDS and children affected by armed conflict at the forefront of the international humanitarian agenda.

### UNICEF's recent programmes on HIV/AIDS, children and conflict include:

- In the **Balkans**, UNICEF sponsored a rapid assessment and response on especially vulnerable young people and HIV. Findings were used to plan appropriate responses with community leaders, educators, religious leaders and young people.
- In **Afghanistan**, UNICEF included HIV education in its programme for children who have been separated from their primary caregivers.
- In **Burundi** and other conflict-affected countries, UNICEF supports the care of orphans living with HIV/AIDS.
- In the **Democratic Republic of the Congo**, UNICEF trained 150 health workers on how to treat young people's sexually transmitted infections.
- In **Eritrea**, UNICEF trained a group of displaced young people as HIV/AIDS educators; they now travel from camp to camp, educating their peers in HIV/AIDS awareness and prevention.
- In **Sierra Leone**, UNICEF sponsored a campaign against sexual and gender-based violence and is working with peacekeepers to prevent them from sexually exploiting children.
- In **Somalia**, despite currently low HIV prevalence rates, UNICEF helped mobilize political leaders and religious communities to take preventative action on HIV/AIDS.
- In **Sudan**, UNICEF educated 1,000 demobilized child soldiers on HIV/AIDS prevention.



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Cover photo: In 1996, a road sign in Zambia advising caution around schoolchildren is riddled with bullet holes.

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## A UNICEF Fact Sheet

While the impact of HIV/AIDS on children and young people is generally well documented and understood, considerably less attention has been given to the dynamic between HIV/AIDS and armed conflict and their joint impact on children.

## The Facts

Conflict creates and exacerbates the conditions – and the human rights abuses – in which the HIV/AIDS crisis flourishes. These include the disintegration of communities, displacement, the separation of children from their families, rape and sexual violence, and the destruction of schools and health services. Furthermore, the impoverishment that accompanies conflict often leaves women and girls so destitute that trading sex for survival becomes the only option for many.

Crowded, unsafe displacement and refugee camps also expose women and children to the risk of sexual violence. Lacking structures to equip people with information about prevention, and with little recreation, reproductive health services or learning opportunities, camp life is conducive to the spread of HIV/AIDS.

Armed forces also play a significant role in the spread of HIV/AIDS. It is a well-established fact that rape is a weapon of war, one used primarily against women and girls. Offering

small amounts of money, food, 'protection' or shelter, military personnel may also sexually exploit vulnerable civilians.

With little information on HIV infection available and almost no facilities for voluntary counselling and testing, HIV-positive soldiers place their sexual partners at serious risk when they are discharged and return home. The Joint United Nations Programme on HIV/AIDS (UNAIDS) conservatively estimates that men in armies have a 2 to 5 per cent higher rate of HIV infection than their civilian counterparts. Some studies with African militaries show significantly higher rates.

To date, only a limited amount of research has focused on armed conflict, children and HIV/AIDS, yet the following facts illustrate how these are linked:

- Of the 25 countries with the highest proportion of children orphaned by AIDS, about one third have been affected by armed conflict in recent years.
- During the **Bosnian** war, an estimated 30,000 to 40,000 women were raped, contributing to the spread of sexually transmitted infections (STIs) and HIV.
- In **Rwanda**, 2,000 women, many of whom were survivors of rape, were tested for HIV during the five years following the 1994 genocide. Of them, 80 per cent were found to be HIV positive. Many were not sexually active before the genocide.
- In **Sierra Leone** in 2000, in the midst of conflict, 48 per cent of urban women and 76 per cent of rural women did not know how to prevent HIV infection.

Conflict also destroys the communication networks that can help prevent the spread of HIV. The lack of paper, electricity and batteries for radios hampers efforts to educate and inform conflict-affected and displaced populations.

Conflict strains already precarious health care systems. In Sierra Leone, for example, 62 per cent of rural health units are not functioning. In addition, schooling is often disrupted during conflict, and children lose access to education on life skills and HIV/AIDS.

To compound these difficulties, the destruction caused by armed conflict seriously complicates efforts to determine accurate rates of HIV prevalence. Conflict situations may also mask political inaction in countries that lack the political will to tackle HIV/AIDS.

Pressured by such urgent issues as providing food, shelter and safety for conflict-affected people, many humanitarian organizations have only recently begun to consider HIV/AIDS as part of their mandate.



*This young boy, a demobilized child soldier, is joyfully greeted on being reunited with his family. His UNICEF-supplied T-shirt reads: "With children a better world."*

UNICEF/01-0358/Lemoyne

## The Impact on Children

HIV/AIDS is already having a far-reaching impact on children. To date, 13.4 million children currently under the age of 15 have lost one or both parents to AIDS.

Children also make up 20 million of the world's 40 million displaced and refugee people. When children and young people are forced to flee their homes because of armed conflict, their vulnerability to violence, abuse and exploitation – all key risk factors for HIV – increases greatly.

As families break up and services are destroyed, the combined impact denies children and young people their rights, including to special protection in time of conflict and to the services, information and skills that could help them remain free from HIV.

Conflict generates a host of other dangers. Injured children, for example, may not have access to a safe blood supply. In many areas affected by conflict, blood is not tested for HIV.

As a result, few staff operating in conflict situations are trained to tackle HIV/AIDS and most lack the expertise to manage HIV/AIDS programmes. In this context, the challenge is to ensure that humanitarian organizations are equipped to integrate HIV/AIDS prevention and care into programmes assisting conflict-affected people.

## The Response: Core principles and strategies

While HIV/AIDS and armed conflict have long been recognized as critical issues, the link between them and their impact on children is only now moving onto the international agenda.

The starting point was July 2000, when the United Nations Security Council adopted Resolution 1308, calling for effective long-term strategies on HIV/AIDS for peacekeeping personnel. Those strategies included education, prevention, voluntary and confidential testing, and treatment.

The updated study on Graça Machel's 1996 Report on the Impact of Armed Conflict on Children included recommendations released at the Winnipeg Conference on War-affected Children, held in September 2000. These recommendations are included and further developed in Ms. Machel's book, *The Impact of War*

*on Children*, published in 2001. They call for urgent measures to reduce the impact of HIV on children in conflict situations.

Further progress was made at the pivotal June 2001 United Nations General Assembly Special Session on HIV/AIDS. Its Declaration of Commitment includes several goals relating to children and young people in conflict situations:

- By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment into emergency responses, with particular regard to women and children.
- UN agencies, regional and international organizations, as well as NGOs are called upon urgently to incorporate HIV/AIDS prevention, care and awareness into their responses to humanitarian crises and provide HIV/AIDS awareness and training to their staff.
- By 2003, have in place national strategies to address the spread of HIV among national uniformed services, where this is required, including armed forces and civil defence forces.
- By 2003, ensure that personnel involved in international peacekeeping are trained in HIV/AIDS awareness and prevention.